HEALTH CONSULTATION LOG

(Sample Form)

Group or Center's Name		/	_/ Time	in:Tim	me out:	
License # Activities Conducted During The Visit:	Ad	lequate	Inadequate	Follow-up Needed	Not- applicable	
Review of health records and immunization records of staff				recucu	аррисанс	
Review of health and immunization records of children						
Review of contents, storage and plan for maintenance of the first aid kits						
Observation of the indoor and outdoor environments for health and safety						
Observation of children's general health and development						
Observation of diaper changing and toileting areas						
Observation of diaper changing, toileting and hand washing procedures						
Review of policies and procedures and required documentation for the administration of medications, including petitions for special medication authorization						
Assist in the review of individual care plans for children with special health care needs/disabilities						
☐ Individual child(ren)/classrooms observed: (LIST)						
Supplementary/Reference materials shared: (LIST)						
Communication with staff about specific problems (LIST)						
Other consultation provided or recommended: (LIST)						
Signature of Health Consultant	,	Title		Da	te	